

Category:	<u>Subject:</u> NOABDs
Behavioral Health	<u>Scope:</u> SLO Behavioral Health Department
	<u>Effective Date:</u> 9/08/2023

Purpose: Processing Notice of Adverse Benefit Determination (NOABD)s in SmartCare to inform client of treatment decisions from information provided by treatment Team/Clinical staff using Templates.

Procedure:

1. Treatment/clinical team staff will email clinic Health Information Technician (HIT) the NOABD Template they need completed. This will include client number(s), narrative(s) and dates as applicable.
2. HIT will complete the NOABD in SmartCare per the completed template information and assign it to treatment/clinical staff for signature(s).
3. HIT or Designee will print the NOABD from SmartCare, the Attachments from county Notices of Adverse Benefit Determination Page (see link below) and prepare the envelope.
 - a. If Spanish NOABD needed– Add information into Spanish Template, scan to SmartCare and link to electronic version. Mail Spanish NOABD to client.
4. Once staff have signed electronically HIT or Designee will mail out NOABD with Attachments.
5. For the NOABD Termination HIT or Designee will set the NOABD Appeal – 10 Days flag.
 - a. In the Note section write: NOABD Discharge date xx/xx/xx, Appeal ends xx/xx/xx
 - i. Appeal ends 10 business days after Discharge date.
 - b. Flag will have display date of effective date of NOABD Termination.
 - c. Due date will be date that Appeal ends.
 - i. HIT can begin processing discharges at the end of the Appeal period.

Location of Items:

Intranet: [Notices of Adverse Benefit Determination - County of San Luis Obispo \(ca.gov\)](#)

Revision History

Date:	Section Revised:	Details of Revision:
7-01-2023	Original	New
9-11-2023	Entire	Revised to use NOABDs in SmartCare and Templates to gather information for treatment/clinical staff

5-26-2025	Entire	Handling Spanish NOABDs. Add updated templates for state changes.
6-12-2025	Entire	Added section on Appeal for NOABD Termination

DELIVERY SYSTEM



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

This notice lets you know that County of San Luis Obispo Health Agency has determined that your mental health condition or substance use disorder does not meet the medical necessity criteria to be eligible for specialty mental health services or substance use disorder services.

Although you do not qualify for specialty mental health services or substance use disorder services, you may be able to receive non-specialty mental health services from CenCal Health. You can call them at 1-877-814-1861.

You may appeal this decision if you think it is incorrect. The enclosed “Your Rights” information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed “Your Rights” information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call County of San Luis Obispo Health Agency at 800-838-1381.

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your behavioral health plan says services will be stopped or reduced.

The County can help you with any questions you have about this notice. For help, you may call

County of San Luis Obispo Health Agency Monday thru Friday 8am to 5pm at 800-838-1381. If you have trouble speaking or hearing, please call TTY/TTD number 800-735-2922, between Monday thru Friday 8am to 5pm for help.

If you need this notice and/or other documents from the County in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact County of San Luis Obispo Health Agency by calling 800-838-1381.

If the County does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

This notice does not affect any of your other Medi-Cal services.

Enclosed:

- Your Rights under Medi-Cal Managed Care
- Language Assistance Taglines

DENIAL



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

has asked County of San Luis Obispo Health Agency to
approve . This request is denied. The reason for the denial is:

You may appeal this decision if you think it is incorrect. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

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If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter or before the date the County says services will be stopped or reduced.

The County can help you with any questions you have about this notice. For help, you may call County of San Luis Obispo Health Agency Monday thru Friday 8am to 5pm at 800-838-1381. If you have trouble speaking or hearing, please call TTY/TTD number 800-735-2922, between Monday thru Friday 8am to 5pm for help.

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- Member Non-Discrimination Notice

TERMINATION



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

You are currently receiving
approve this treatment. This is because:

. Beginning on

we will no longer

You may appeal this decision if you think it is incorrect. The enclosed “Your Rights” information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed “Your Rights” information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call County of San Luis Obispo Health Agency at 800-838-1381.

If you want to keep getting this service while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your plan says services will be stopped or reduced, listed above.

The Plan can help you with any questions you have about this notice. For help, you may call County of San Luis Obispo Health Agency Monday thru Friday 8am to 5pm at 800-838-1381. If you have trouble speaking or hearing, please call TTY/TTD number 800-735-2922, between Monday thru Friday 8am to 5pm for help.

If you need this notice and/or other documents from the Plan in

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TIMELY ACCESS



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

_____ has asked County of San Luis Obispo Health Agency to obtain or approve _____. San Luis Obispo County Behavioral Health has not provided services within _____ working days. Our records show that you requested service(s), or service(s) were requested on your behalf on _____.

We apologize for the delay in providing timely services. We are working on your request and will provide you with _____ soon.

You may appeal this decision. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

The Plan can help you with any questions you have about this notice. For help, you may call County of San Luis Obispo Health Agency Monday thru Friday 8am to 5pm at 800-838-1381. If you have trouble speaking or hearing, please call TTY/TTD number 800-735-2922, between Monday thru Friday 8am to 5pm for help.

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If the Plan does not help you to your satisfaction and/or you need additional help, the State Medical Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

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AUTHORIZATION DELAY



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

_____ has asked County of San Luis Obispo Health Agency to obtain or approve _____. Our records show that you requested service(s), or service(s) were requested on your behalf on _____. The county has not yet made a decision about the request.

We apologize for the delay in processing this request. We are working on your request and will provide _____ with a decision as soon as possible.

You may appeal this decision. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

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them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

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MODIFICATION



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

has asked County of San Luis Obispo Health Agency to approve
. We cannot approve this treatment as requested. This is because:

We will instead approve the following treatment:

You may appeal this decision if you think it is incorrect. The enclosed “Your Rights” information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed “Your Rights” information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call County of San Luis Obispo Health Agency at 800-838-1381.

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your mental health plan says services will be stopped or reduced.

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PAYMENT DENIAL



Date:

Assigned Clinic Contact Info:

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

RE:

_____ has asked County of San Luis Obispo Health Agency to approve payment for the following service, which you already received: _____. The Plan has denied your provider's request for payment. The reason for the denial is:

Please note: this is not a bill for the service. You are not required to pay for the services you received.

You may appeal this decision if you think it is incorrect. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

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